#### FORM D

#### UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## TEMPORARY FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

82/2	56
OMB A	PPROVAL
OMB Number:	3235-0076
Expires:	October 31, 2008
Estimated average b	ourden
hours per response.	4.00

SEC USE ONLY									
Prefix		Serial							
	DATE R	ECEIVED							

		1 .		
Name of Offering ([] check if this is an amendment and name has cha Series 2 Preferred Stock Financing	nged, and indicate change.)			
Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [ Type of Filing: [] New Filing [X] Amendment	X ] Rule 506 [ ] Section 4(6) [ ] ULOE			771 /8/// 47 (C) 48 // 47 (C)
A. BA	****			
Enter the information requested about the issuer				
Name of Issuer ([ ] check if this is an amendment and name has chang Displaytech, Inc.	ed, and indicate change.)		080628	500
Address of Executive Offices (Number and Street, City, State, Zip Cod 2602 Clover Basin Drive, Longmont, Colorado 80503-7604	e)	Telephone Numbe (303) 772-2191	r (Including Area Coo	le)
Address of Principal Business Operations (Number and Street, City, St Executive Offices)	ate, Zip Code) (if different from		r (Including Area Coo	,
Brief Description of Business	O LOSED	/ 4	P <sub>CC</sub>	_
Manufacture and sale of microdisplays	OCT 232008 E	/ .	Received SEC	
Type of Business Organization [X] corporation [] limited partnership, already formed [] business trust [] limited partnership, to be formed	John of Checity) FUTERS	Washin	1 4 2000	7
Actual or Estimated Date of Incorporation or Organization:		Month Year () [0 4 ]	/) [X-] Actual []	Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter H.S. Pe	ostal Service abbreviation for State:		1500	/

GENERAL INSTRUCTIONS Note: This is a special Temporary Form D (17CFR 239.500T) that is available to be filed instead of Form D (17 CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 CFR 239.500T) or an amendment to such notice in paper format on or after September 15, 2008 but before March 16, 2009. During that period, an issuer also may file in paper format an initial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using Form D (17 CFR 239.500) and otherwise comply with all the requirements of § 230.503T.

CN for Canada; FN for other foreign jurisdiction) [D|E]

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - · Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuer.

_					
Check Box(es) that Apply:	[ ] Promoter	[ ] Beneficial Owner	[ X ] Executive Officer	[X] Director	[ ] General and/or Managing Partner
Full Name (Last name first, if i Barton, Richard D.	ndividual)				
Business or Residence Address 2602 Clover Basin Drive, Long			e)		
Check Box(es) that Apply:	[ ] Promoter	[ X ] Beneficial Owner	[ ] Executive Officer	[X] Director	[ ] General and/or Managing Partner
Full Name (Last name first, if i Birchfield, J. Kermit, Jr.	ndividual)				
Business or Residence Address 2602 Clover Basin Drive, Long			e)		
Check Box(es) that Apply:	[ ] Promoter	[ X ] Beneficial Owner	[ ] Executive Officer	[X] Director	[ ] General and/or Managing Partner
Full Name (Last name first, if it Glynn, William C.	ndividual)				
Business or Residence Address 2602 Clover Basin Drive, Long	•		e)		
Check Box(es) that Apply:	[ ] Promoter	[ X ] Beneficial Owner	[ ] Executive Officer	[X] Director	[ ] General and/or Managing Partner
Full Name (Last name first, if i Hokin, Richard	ndividual)				
Business or Residence Address 2602 Clover Basin Drive, Long			e)		
Check Box(es) that Apply:	[ ] Promoter	[ ] Beneficial Owner	[X] Executive Officer	[ X ] Director	[ ] General and/or Managing Partner
Full Name (Last name first, if i Spenner, Bruce F.	ndividual)	- IN SU			· · · · · · · · · · · · · · · · · · ·
Business or Residence Address 2602 Clover Basin Drive, Long			e)		
Check Box(es) that Apply:	[ ] Promoter	[ X ] Beneficial Owner	[ ] Executive Officer	[X] Director	[ ] General and/or Managing Partner
Full Name (Last name first, if i Simon, John	ndiviđual)				
Business or Residence Address 2602 Clover Basin Drive, Long			e)		
Check Box(es) that Apply:	[ ] Promoter	[ ] Beneficial Owner	[X] Executive Officer	[ ] Director	General and/or Managing Partner
Full Name (Last name first, if i Handschy, Mark A.	ndividual)				
Business or Residence Address 2602 Clover Basin Drive, Long			e)		
Check Box(es) that Apply:	[ ] Promoter	[X] Beneficial Owner	[ ] Executive Officer	[ ] Director	] General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				. A JHM
Business or Residence Address Attention: William C. Glynn, F			e)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - · Each general and managing partner of partnership issuer.

Check Box(es) that Apply:	[ ] Promoter	[ X ] Beneficial Owner	[ ] Executive Officer	[ ] Director	[ ] General and/or Managing Partner	
Full Name (Last name first, if Fleming US Discovery Fund I						
Business or Residence Addres 1211 Avenue of the Americas			)			
Check Box(es) that Apply:	[ ] Promoter	[ X ] Beneficial Owner	[ ] Executive Officer	[ ] Director	[ ] General and/or Managing Partner	
Full Name (Last name first, if Needham Capital Partners III,						
Business or Residence Addres 445 Park Avenue, New York,		eet, City, State, Zip Code	)			
Check Box(es) that Apply:	[ ] Promoter	[X] Beneficial Owner	[ ] Executive Officer	[ ] Director	[ ] General and/or Managing Partner	
Full Name (Last name first, if Hewlett-Packard Company	individual)					
Business or Residence Addres 3000 Hanover Street, Palo Alt		eet, City, State, Zip Code	)			
Check Box(es) that Apply:	[ ] Promoter	[ ] Beneficial Owner [	Executive Officer	[ ] Director [	General and/or Managing Partner	
Full Name (Last name first, if	individual)					
Business or Residence Addres	s (Number and Str	eet, City, State, Zip Code	)			•
Check Box(es) that Apply:	[ ] Promoter	[ ] Beneficial Owner [	Executive Officer	[ ] Director [	General and/or Managing Partner	
Full Name (Last name first, if	individual)					
Business or Residence Addres	s (Number and Str	eet, City, State, Zip Code	)			
Check Box(es) that Apply:	[ ] Promoter	[ ] Beneficial Owner [	Executive Officer	[ ] Director [	] General and/or Managing Partner	
Full Name (Last name first, if	individual)		· · · · · · · · · · · · · · · · · · ·	· ·		
Business or Residence Addres	s (Number and Str	eet, City, State, Zip Code	)			
Check Box(es) that Apply:	[ ] Promoter	[ ] Beneficial Owner [	] Executive Officer	[ ] Director [	] General and/or Managing Partner	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					B. INF	ORMAT	ION ABO	UT OFFI	ERING					
1. Has the issu	uer sold	or does the	issuer inter	nd to sell to	non-accrec	lited investo	ors in this of	fering?						Yes No
. 1100 the 1330	acı 50.a,	or does are												
									ınder ULOE					
2. What is the	minimu	m investme	ent that will	be accepted	d from any i	individual?.							**********	\$ <u>N/A</u>
														Yes No
3. Does the of	ffering p	ermit joint o	wnership o	f a single u	nit?						•••••		***************************************	[X] [
4. Enter the in solicitation registered woof such a br	of purch with the	asers in cou SEC and/or	nection wi with a state	th sales of s or states, li	ecurities in ist the name	the offering of the brok	g. If a perso er or dealer	n to be liste . If more th	d is an asso	ciated perso	n or agent o	of a broker c	r dealer	
full Name (Las N/A	st name i	irst, if indiv	ridual)											-
Business or Res	sidence .	Address (N	umber and	Street, City,	State, Zip	Code)								
1	-1-4- 3 P	-l D	1							_				
Name of Assoc	ciated Br	oker or Dea	ııcr											
States in Which	h Person	Listed Has	Solicited or	Intends to	Solicit Pure	hasers				•				
(Check "All	il States"	or check in	dividual St	ates)									[	J All State
ſ	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]	
	[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	(ME) [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
•	[RI]	[SC]	(SD)	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Name (Las	st name i	first, if indiv	/idual)											
Business or Res	sidence .	Address (N	umber and S	Street, City,	State, Zip	Code)					<del></del>			
Name of Assoc	iated Br	oker or Dea	ler											
States in Which	h Person	Listed Has	Solicited or	Intends to	Solicit Puro	chasers						·	•	
(Check "All	II States"	or check in	dividual St	ates)									[	] All State:
ſ	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	(CT)	[DE]	[DC]	(FL)	[GA]	(HI)	[ID]	
	(IL)	[IN]	[IA]	(KS)	[KY]	[LA]	(ME)	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
•	[MT] [RI]	[NE] [SC]	[NV] [SD]	(NH) [TN]	[UJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	`[ND] [WA]	(OH) [WV]	[OK] [WI]	[OR] [WY]	(PA) [PR]	
Full Name (Las	st name f	irst, if indiv	idual)											
Business or Res	sidence A	Address (Ni	imber and S	Street, City,	State, Zip	Code)								
Name of Assoc	iated Br	oker or Dea	ler		<del> </del>									
			· -											
States in Which (Check "All								••••••					[	] All State:
ſ	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]	
-	[IL]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME]	[MD]	[MA] [ND]	įΜij	[MN] [OK]	[MS] [OR]	[MO] [PA]	
-	MT]						[NY]	[NC]		[OH]				

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt\$		\$	
	Equity \$	4,000,000*	\$	4,000,000*
	[ ] Common [ X ] Preferred		•	
	Convertible Securities (including warrants)		\$	
	Partnership Interests		\$	
	Other (Specify		\$	
	Total	4,000,000*	\$	4,000,000*
	Answer also in Appendix, Column 3, if filing under ULOE. *Include	es conversion of i	indet	otedness
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Aggregate
		Number Investors		Dollar Amount of Purchases
	Accredited Investors	8	\$ .	4,000,000*
	Non-accredited Investors	0	s .	0
	Total (for filings under Rule 504 only)		\$	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part CQuestion 1.  Type of Offering  Rule 505	Type of Security	s	Dollar Amount Sold
	Regulation A		\$ .	
			\$ . \$	
	Rule 504  Total		\$ . \$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees	[]	\$	
	Printing and Engraving Costs	[]	\$	
	Legal Fees	[X]	\$	40,000
	Accounting Fees	[]	\$	
	Engineering Fees	[]	\$	
	Sales Commissions (specify finders' fees separately).	[]	\$	
	Other Expenses (identify)	[]	\$	
	Total	[X]	\$.	40,000

	b. Enter the difference between the aggregate offering price given in response to Part CQuestion 1 and total expenses furnished in response to Part CQuestion 4.a. This difference is the "adjusted gross proceeds to the issuer".									
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purposes, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the is in response to Part CQuestion 4.b above.										rpose is not er set forth
						D	ayments to Officers, birectors & Affiliates			Payments to Others
	Salaries and fees		***********		[]			[1]	\$_	
	Purchase of real estate	,.,			[]	\$		[]	<b>\$</b> _	
	Purchase, rental or leasing and installation of machinery and equipment	1		***********	[]	s			\$_	
	Construction or leasing of plant buildings and facilities		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		[]	s		[]	<b>\$</b> _	
	Acquisition of other businesses (including the value of securities invo	lved in this	offering th	at may be	[]	•			•	
used in exchange for the assets or securities of another issuer pursuant to a merger)								=	<b>\$</b> _	
Repayment of indebtedness						<b>\$</b>		[X]	<b>\$</b> _	1,789,658
	Working capital					\$		[X]	\$	2,170,342
	Other (specify):				-					
					[]	<b>\$</b>		[]	\$_	
	Column Totals				[]	s		[X]	\$_	3,960,000
	Total Payments Listed (column totals added)		•••••			[X]	\$ _3,960,	000	-	
_	D. FEDER	AL SIGN	TURE				· •• · · · · · · · · · · · · · · · · ·			
un	e issuer has duly caused this notice to be signed by the undersigned duly author- dertaking by the issuer to furnish to the U.S. Securities and Exchange Commissin-accredited investor pursuant to paragraph (b)(2) of Rule 502.	zed person. on, upon wr	If this notice tten reques	ce is filed un t of its staff	nder Ru , the inf	le 505, th ormation	ne following furnished by	signature y the issue	consti er to ar	tutes an 1y
	uer (Print or Type) Signa	ture	15	·		Date	9.2008			
Na		of Signer (Prident and Ch				Octobe	, 2008			
	AT	TENTION								

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS



Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)